



HEARTWAY FOUNDATION

A Non-profit Charitable Organization

Application Form for Financial Assistance

(Please type or print clearly)

Thank you for applying to Heartway Foundation for assistance. Please complete this form and mail or fax it to:
Heartway Foundation, 581 Lancaster Dr. SE #273, Salem, OR 97301, FAX 503-373-3606, Phone 503-399-1119

Application Information

Name _____

Street Address _____

City _____ State _____ Zip code _____

Home Phone _____ Cell Phone _____

Email _____

Social Security # _____ - _____ - _____ Birth date _____

Driver's License # _____ Issuing State _____

(this will be kept confidential and used only for verification of your identity where necessary)

Residence status own rent other Marital Status married Single Divorced other

Dependents' ages _____

Employed Self employed Student Unemployed Active Military

Where are you employed, what type of work are you presently doing and how long have you been employed in this current work? _____

Approximate Yearly Income Below \$30,000 \$30,000-\$50,000 \$50,000 to \$100,000 \$100,000 +

Educational Background

High School Graduate Yes or No College Degrees Yes or No, if yes when received _____

Name of degrees received _____

Other trainings _____

Military Background _____

581 Lancaster Drive SE # 273 • Salem, OR 97301-5642

Phone: (503) 399-1191 • Fax: (503) 373-3606 • HWFoundation@aol.com • www.heartwayfoundation.com

How did you hear about Heartway Foundation? _____

Tell us in your own words why you are applying for assistance: _____

I attest that all information on this application is true and accurate. I understand that this application is predicated on grant funding availability and monies will be paid to the provider of services and hold Heartway Foundation harmless.

Name of applicant _____ Date signed _____